



THE NAVAJO NATION
NAVAJO DEPARTMENT OF LAW ENFORCEMENT
INFORMATION MANAGEMENT SECTION
HC 58 BOX 50 ~ GANADO, AZ 86505
TELEPHONE 928-736-2635 ~ FAX 928-736-2640



CT# _____
DSL# _____

☐ 1 Yr To 4 Yrs. Check - \$5.00
☐ 5 Yrs To 10 Yrs. Check - \$10.00

PART I.

NAME INDEX: _____ ALIAS: _____
ADDRESS: _____
CENSUS #: _____ DOB: _____ SS#: _____ SEX: _____ RACE: _____
CC# _____ TYPE OF INCIDENT: _____ OFFICER: _____
OCCURRENCE DATE: _____ PLACE: _____
REQUESTED BY: _____ TITLE: _____
ADDRESS/AGENCY: Navajo Children & Family Services - PO Box 1930, Window Rock, AZ 86515 PHONE #: (928) 871-6806
REASON FOR REQUEST: Adoptive/Relative Home Study FAX #: (928) 871-7667

PART II.

Request for criminal history record and police reports from non-criminal justice agencies and private citizens **MUST** be accompanied by a signed **AUTHORIZATION FOR DISCLOSURE OF INFORMATION**. If the request information does not pertain to the requester than such requests shall only be released upon presentation of an approved identification containing of photograph, physical description, and signature of requester. Non-criminal justice agencies and private citizens must understand that the provided information **SHALL** be used for the above stated purpose **ONLY** and any other use **SHALL** result in suspension of the privilege of access to the criminal history records contained in the Navajo Department of Law Enforcement, Information Management Section, Record and Date Entry.

Criminal Agencies not conducting a Criminal Investigation must have a copy of written authorization from individual.

OFFICIAL POLICE REPORTS ARE PROVIDED AT THE DISCRETION OF I.M.S. - RECORDS & DATE SECTION

ACKNOWLEDGE: _____ DATE/TIME: _____
APPROVED: _____ TITLE: _____

PART III.

OFFICIAL USE ONLY

REQUESTER IS:	<input type="checkbox"/> CRIMINAL JUSTICE	<input type="checkbox"/> NON-CRIMINAL JUSTICE	<input type="checkbox"/> PRIVATE
Accident & Supplemental	<input type="checkbox"/> Pgs.	Statements <input type="checkbox"/> Pgs.	Other <input type="checkbox"/> Pgs.
Offense & Supplemental	<input type="checkbox"/> Pgs.	Citation <input type="checkbox"/> Pgs.	Criminal <input type="checkbox"/> Pgs.
Arrest & Supplemental	<input type="checkbox"/> Pgs.	Photograph <input type="checkbox"/> Pgs.	Traffic <input type="checkbox"/> Pgs.
Vehicle & Supplemental	<input type="checkbox"/> Pgs.	CC Card <input type="checkbox"/> Pgs.	Criminal & Traffic <input type="checkbox"/> Pgs.
Property	<input type="checkbox"/> Pgs.	FP Card <input type="checkbox"/> Pgs.	
Supplemental Only	<input type="checkbox"/> Pgs.	Court Doc. <input type="checkbox"/> Pgs.	

Note: Traffic to include Civil & Criminal Offense/Charges

TYPE OF ID PROVIDED: _____ NUMBER: _____ EXP. DATE: _____
ID CHECK BY: _____ DATE/TIME: _____ RECEIPT#: _____ PYMT: _____
RESEARCHED BY: _____ DATE/TIME: _____
COMPLETED BY: _____ DATE/TIME: _____
INFORMATION PROVIDED: _____ YES ☐ NO ☐ APPROVED ☐ DISAPPROVED ☐
SUPERVISOR: _____ DATE/TIME: _____
COMMENTS: _____